

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020018-5
PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2178

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
Encl ~~13~~
DPS-3354
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				4,673.	45
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____					Total	4,673.	45

PAYMENT:
Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.
STATOTHR (Sign original only)

Date 8/11/58 *Payee _____
Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

(Payee must NOT use this space)
Differences _____
Amount verified; correct for _____
(Signature or initials) EL

*4,673 45

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____
By _____ Title _____
SIGN ORIGINAL ONLY
Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

68 74 11 17 2004 00360
Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____ (Sign original only)

STATOTHR

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4/12/58

FORM STL - 660

[illegible]

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4/20/58

[illegible]

Continued to Sheet 5

4/27/58

FORM STL - 660

Continued to Sheet 5

FORM STL - 660

WEEKLY DET DISTR

DATE _____

5/12/58

FORM STL - 660

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Class	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT				Element	CODE	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
10	05	07	8	4849	44706		05	08	133						50	25	40	22	12501	5032	33	1	69500
10	05	07	8	202598	44797		05	09	290						50	25	40	22	12501	5032	33	1	3564
																							73064 *
																							73064 **
Continued to Sheet 5																							

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5/18/58

[illegible]